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TITLE: Effects of Offering Anonymous HIV Testing at a Central Missouri HIV Testing Site

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BACKGROUND/OBJECTIVES: Missouri (MO) law requires named reporting of all persons diagnosed with HIV infection, with the exception of those diagnosed at either of 3 designated HIV anonymous testing (AT) sites. Currently no AT site is located in central MO. To evaluate the impact of offering AT in this area, a study was conducted at a central MO HIV confidential testing (CT) site (i.e., a site where HIV-positive persons are reported by name to public health officials).

METHODS: For a 1-year period beginning in March 1996, a CT site in Columbia, MO, also offered AT. Preceding this period, a publicity campaign was used to provide awareness of the option of AT at the site. All persons presenting for HIV testing during the study period were provided a written summary of AT vs. CT, and asked to choose the option they desired.

RESULTS: During the 1-year study period, 1,067 HIV antibody tests were performed at the site, a 24.2% increase over the preceding 1-year period. In the 1-year period following the study period, when AT was no longer offered, tests performed decreased by 21.7%. Of persons tested during the study period, the proportion who reported male-male sexual contact and/or injecting drug use (21.0%) was not significantly increased from the preceding 1-year period (1-tailed Z test for proportions, $p > 0.05$). AT was chosen by 43.3% of those tested during the study period; 56.7% chose CT. Males, and males reporting sexual contact with other males, were more likely to choose AT (1-tailed Z test for proportions, $p < 0.05$). Of the 1,067 tests performed during the study period, 5 (0.5%) were positive in persons with no past history of positive results; corresponding figures for the 1-year periods preceding and following the study period were 8 (0.9%) and 5 (0.6%), respectively. Of the 5 persons newly diagnosed with HIV during the study period, 2 chose AT and 3 chose CT. A questionnaire was completed by 832 (78.0%) of the 1,067 persons tested during the study period; 134 (16.1%) stated they definitely would not have presented for testing if AT had not been available, and an additional 141 (16.9%) stated they were unsure if they would have presented.

CONCLUSIONS: Offering an AT option at an HIV testing site in central MO may increase the numbers of persons presenting for testing, including those with potential risk factors for HIV infection who might otherwise have decided to forego/delay testing. Based on this brief study, it is unclear whether offering AT in addition to CT will increase the proportion of those presenting who have male-male sexual contact and/or inject drugs. It is also unclear whether offering AT will significantly increase the number of persons testing HIV-positive for the first time.

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